

APPLICATION FOR REGISTRATION

ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION

INSTRUCTIONS

1. Complete this application (Print or Type) and return with a \$95.00 check or money order payable to the REGISTERED ENVIRONMENTAL HEALTH SPECIALIST FUND (no cash). The application fee is NOT REFUNDABLE.
2. Submit evaluation of college transcripts from CPS Human Resource Services or a foreign transcript evaluator.
3. All of the requested information is mandatory and incomplete applications will not be processed.
4. MAIL TO DEPARTMENT OF HEALTH SERVICES, ENVIRONMENTAL HEALTH SPECIALIST REGISTRATION PROGRAM, MS 7404 PO BOX 997377, SACRAMENTO, CA 95899-7377
5. This application will be valid for 30 months after which time reactivation will be necessary.
6. PLEASE NOTIFY THIS OFFICE OF ANY CHANGE OF ADDRESS.

Please note: The names and addresses of registrants are public records and are published in both electronic and print media, as well as disclosed upon request to the Department. You may use a home address, a post office box, or business address.

Name – Last		First		Middle		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address – Street/ PO Box		City		State		Zip Code
Phone – home or cell		Work Phone				
e-mail address		Birthdate: Month/Date/Year				

EDUCATION

Name of College or University	Major Course of Study	From	To	Degree	Year

EXPERIENCE

Begin with most recent experience and record only work in environmental health or allied fields.

Employer	Position / Title	From	To

Professional Licenses, Certificates or Registrations**List other professional registrations, certificates, and licenses in environmental health: include milk or dairy, hazardous materials, air pollution control, vector control, water treatment, code enforcement.****Professional Associations****List professional associations, memberships or affiliations in environmental health: include professional educational and technical groups.****Additional information****Use this space for additional entries:**

Have you ever been convicted of a criminal offense, misdemeanor or entered a plea of nolo contendere other than a minor traffic offense? If yes, explain under additional information. Convictions dismissed under Penal Code section 1203.4 must be disclosed.

() Yes () No

Have you submitted your application, fees and transcripts to CPS Human Resources or a foreign transcript evaluator?

() Yes () No

This information is requested by the California Department of Health Services (DHS) by the authority of the Health and Safety Code Section 106600-106735 and is needed to enable DHS to determine if the applicant meets the educational requirements. Failure to submit the necessary information will result in the denial of the application. No interagency or intergovernmental transfers of this information will be made. For more information or access to your records, contact the Department of Health Services, Environmental Health Specialist Registration Program, MS 7404 PO Box 997377 Sacramento, CA 95899-7377. Telephone (916) 449-5663 Fax (916) 449-5665 www.dhs.ca.gov/ps/ddwem/environmental/REHS/REHS.htm

I CERTIFY, UNDER THE PENALTY OF PERJURY BY THE STATE OF CALIFORNIA, THAT THE INFORMATION ON THIS APPLICATION AS WELL AS ANY DOCUMENTS SUBMITTED IN SUPPORT OF THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature

Date